FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

· Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | |
|--------------------------|-----------------------------|--|--|--|--|
| OMB NUMBER: Expires: | 3235-0076 April 30, 2008 | | | | |
| Estimated average burden | | | | | |
| hours per response | 16.00 | | | | |

| | SEC USE ON | Υ |
|--------|---------------|--------|
| Prefix | | Serial |
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| | Date Received | |
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| | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Combination Offering of Common and Preferred Stock | | | | | |
|--|--|--|--|--|--|
| Filing Under (Check box(es) that apply): | | Section 4(6) ULOE | | | |
| | A. BASIC IDENTIFICATION DATA | | | | |
| 1. Enter the information requested about th | ne issuer | <u> </u> | | | |
| Name of Issuer (Check if this is an am The Porter & Chester Institute, Inc. | nendment and name has changed, and indicate change.) | | | | |
| Address of Executive Offices 670 Lordship Blvd, Stratford, CT 06497 | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) 603-888-3068 | | | |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area City) | | | |
| | PROCESSED | | | | |
| Brief Description of Business | LICOLOGED | << OCT 1 6 2007 > | | | |
| Post-secondary education services in various fields OCT 23 2007 | | | | | |
| Type of Business Organization | THOMSON P | | | | |
| | - · · · · · · · · · · · · · · · · · · · | other (please specify): | | | |
| ☐ business trust | ☐ limited partnership, to be formed | | | | |
| Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) C T | | | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | ☐ Promoter | Beneficial Owner ■ Beneficial Ow | | □ Director | ☐ General and/or Managing Partner |
|--|-------------------|---|---------------------|------------------|--------------------------------------|
| Full Name (Last name first, if ind | ividual) | | | | - |
| Clark, Raymond R. | | | | | |
| Business or Residence Address | (Numbe | er and Street, City, State, 2 | Lip Code) | | |
| 670 Lordship Blvd., Stratford, CT | 06497 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ⊠ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind | ividual) | | | | |
| Thoma Cressey Fund VII, L.P. | | | | | |
| Business or Residence Address | (Numbe | er and Street, City, State, 2 | (ip Code) | | |
| 233 South Wacker Drive, Chicago | o, Illinois 60606 | · . | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ⊠ Executive Officer | □ Director □ | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind | ividual) | | | | |
| Doering, Joseph M. | | | | • | |
| Business or Residence Address | (Numb | er and Street, City, State, 2 | Cip Code) | · | |
| 132 Weymouth Road, Enfield, CT | Г 06082 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind | ividual) | | | | |
| Leone, Peter R. | | | | | |
| Business or Residence Address | (Numb | er and Street, City, State, 2 | Lip Code) | | |
| 670 Lordship Blvd., Stratford, CT | ` 06497 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind | ividual) | | | | |
| Malanson, Brian A. | | | | | |
| Business or Residence Address | (Numbe | er and Street, City, State, 2 | Lip Code) | | |
| 125 Silas Deane Highway, Wethe | rsfield, CT 06109 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, if ind | ividual) | | | | 5 5 |
| Gromaski, Susan K. | | | | | |
| Business or Residence Address | (Numbe | er and Street, City, State, 2 | (ip Code) | | |
| 125 Silas Deane Highway, Wethe | rsfield, CT 06109 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ⊠ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind Cloonan-Burke, John F. | ividual) | | | | |
| Business or Residence Address | (Numbe | er and Street, City, State, 2 | (ip Code) | | |
| 320 Sylvan Lake Road, Watertow | n, CT 06779 | | | ····· | |

A. BASIC IDENTIFICATION DATA (Continued)

Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;

- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | ☐ General and/or Managing Partner |
|------------------------------------|-------------------|-------------------------------|---------------------|------------|--------------------------------------|
| Full Name (Last name first, if ind | ividual) | | <u></u> | - | |
| Thoma, Carl D. | | | | | |
| Business or Residence Address | (Numb | er and Street, City, State, 2 | ip Code) | | |
| 233 South Wacker Drive, Chicag | o, IL 60606 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind | ividual) | · | | | |
| Mitchell, Lee M. | | | | | |
| Business or Residence Address | (Numb | er and Street, City, State, 2 | (ip Code) | | |
| 233 South Wacker Drive, Chicag | o, Illinois 60606 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | | |
| Axel, Merrick J. | | | | | |
| Business or Residence Address | (Numb | er and Street, City, State, 2 | (ip Code) | _ | |
| 233 South Wacker Drive, Chicag | o, Illinois 60606 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | | <u> </u> |
| Recht, Michael | | | | | |
| Business or Residence Address | (Numb | er and Street, City, State, Z | (ip Code) | | |
| 233 South Wacker Drive, Chicag | o, Illinois 60606 | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | | |
| | | | | | |
| Business or Residence Address | (Numb | er and Street, City, State, Z | (ip Code) | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if ind | lividual) | | | | |
| Business or Residence Address | (Numb | er and Street, City, State, 2 | Lip Code) | | |
| | ` | • • • • | • • | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if inc | lividual) | | | | |
| Business or Residence Address | (Numb | er and Street, City, State, 2 | Lip Code) | | |
| | | | | | |

| | - | | | B. INF | ORMATIC | N ABOU | r offeri | NG | | | | |
|--|---|---|--|---------------------------|----------------------------|-------------------------|---------------|-----------------------------|-----------------------------|----------------------------|---------------------------|-------------|
| | | | | | <u> </u> | | | | | | Yes] | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non accredited investors in this offering? | | | | | | | | | Ø | | | |
| | | | Ans | wer also in | Appendix, | Column 2, | if filing und | der ULOE. | | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | \$ NONI | ₹ | | | |
| | | | | - | | | | | | | Yes 1 | No |
| 3. Does the o | offering per | mit joint ow | nership of | a single un | it? | | | | *************** | ******* | ⊠ 1 | |
| 4. Enter the i remuneration agent of a bro persons to be | for solicita ker or deal listed are a | tion of pure er registered ssociated pe | hasers in co I with the S ersons of su | onnection v SEC and/or | vith sales of with a state | securities or states, I | in the offeri | ng. If a per of the brol | son to be li er or deale | sted is an a r. If more | associated than five (| person or |
| Full Name (L | ast name ti | rst, if indivi | dual) | | | | | | | | | |
| N/A | | | | | | _ | | | | | | |
| Business or R | tesidence A | ddress (Nu | mber and S | treet, City, | State, Zip C | ode) | | | | | | |
| N/A | | | | | | | | | | | | |
| Name of Asso | ociated Bro | ker or Deal | ет | | | | | | | | | |
| NICA | | | | | | | | | | | | |
| N/A States in Whi | ch Person I | isted Has S | Colicited or | Intends to | Solicit Purc | hasers | | | | | | |
| | | | | | | | ••••• | | | | All States | S |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | (DE) | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [MM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| (RI) | [SC] | [SD] | [TN] | [TX] | [ຫາ] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name (L | ast name fi | rst, if indivi | dual) | | | | | | | | | |
| N/A | | | | | | | | | | | | |
| Business or R | lesidence A | ddress (Nu | mber and S | treet, City, | State, Zip C | ode) | , | | | | | |
| | | • | | | | · | | | | | | |
| N/A Name of Asso | anistad Dan | less on Donl | | | | | | | | | | |
| Name of Asso | ociated bio | Ker or Deal | er | | | | | | | | | |
| N/A | | | | | | | | | | | | |
| States in Whi | | | | | | | | | | _ | A 11 Canan | _ |
| (Cneck "/ | All States | | AR] | (CA) | [CO] | [CT] | [DE] | [DC] | [FL] | ⊔ [GA] | All States | s [ID] |
| (KL) | [N] | [AZ] [IA] | [KS] | [CK] | [CO] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | (NE) | [NV] | (NH) | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | (OR) | [PA] |
| [RJ] | (SC) | [SD] | (MT) | [TX] | ורטון | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name (L | ast name fi | rst, if indivi | dual) | | · · · | | | | | | | |
| | | | • | | | | | | | | | |
| N/A | | JJ Ol | _L d C | C'- | Ct-t- 7:- C | <u>'ada'</u> | | | | | | |
| Business or R | esidence A | aaress (Nui | mber and S | treet, City, | State, Zip C | .oae) | | | | | | |
| N/A | | | | | | | | | | | | |
| Name of Asso | ociated Bro | ker or Deal | er | | | · · · · · | | | | | | |
| N/A | | | | | | | | | | | | |
| States in Whi | ch Person I | isted Has S | olicited or | Intends to | Solicit Purc | hasers | | | | | | |
| | | or check in | | | | | | | •••••• | | All States | |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [LA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | (OR) | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|--|-----------------------------|--|
| Type of Security | Aggregate Offering Price | Amount Already Sold |
| Debt | s _0 | s_ o |
| Equity(Common Stock) | \$ <u>197,390</u> | \$ <u>197,390</u> |
| ⊠ Common | | |
| Convertible Securities (including warrants)Preferred Stock | \$ <u>21,734,805</u> | \$ <u>21,734,805</u> |
| Partnership Interests | <u>s o </u> | s <u> </u> |
| Other (Specify) | \$ <u>0</u> | s o |
| Total | \$ <u>21,932,195</u> | \$ 21,932,195 |
| Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| Accredited Investors | _8 | \$21,932,195 |
| Non-accredited Investors | _0 | \$N/A |
| | | |
| Total (for filings under Rule 504 only) | _N/A | \$ <u>N/A</u> |
| Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| Type of offering | Type of Security | Dollar Amount Sold |
| Rule 505 | N/A | \$ <u>N/A</u> |
| Regulation A | N/A | \$ <u>N/A</u> |
| Rule 504 | N/A | \$ <u>N/A</u> |
| Total | N/A | \$ <u>N/A</u> |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| Transfer Agent's Fees | | s <u> </u> |
| Printing and Engraving Costs | | s _0 |
| Legal Fees | | \$ 50,000.00 |
| Accounting Fees | | s <u>0</u> |
| Engineering Fees | (| s <u> </u> |
| Sales Commissions (specify finders' fees separately) | (| |
| Other Expenses (identify) Blue Sky Fees | | ≤ \$ 1,500.00 |
| Total | | \$ 51,500.00 |

| 1 and total expenses furnished in response | te offering price given in response to Part C - Question e to Part C - Question 4.a. This difference is the | \$ 21,880,695 |
|---|--|--|
| used for each of the purposes shown. If the estimate and check the box to the left of the | ross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above. | |
| | | Payments to Officers, Directors, & Payments To Affiliates Others |
| Salaries and fees | | □ \$ <u>0</u> □ \$ <u>0</u> |
| Purchase of real estate | | □ \$ <u>0</u> □ \$ <u>0</u> |
| Purchase, rental or leasing and installation | on of machinery and equipment | □ \$ <u>0</u> □ \$ <u>0</u> |
| Construction or leasing of plant building | s and facilities | □ \$ <u>0</u> □ \$ <u>0</u> |
| offering that may be used in exchange for | ng the value of securities involved in this or the assets or securities of another | □ \$ <u>0</u> □ \$ <u>0</u> |
| Repayment of indebtedness | □ \$ <u>0</u> □ \$ <u>0</u> | |
| Working Capital | □ \$ <u>0</u> □ \$ <u>0</u> | |
| Other (specify): Consideration for sh | | |
| Column Totals | □ \$ 21,880,695 □ \$ 0 | |
| Total Payments Listed (Column totals ac | ided) | ⊠ \$ <u>21,880,695</u> |
| | D. FEDERAL SIGNATURE | |
| following signature constitutes an undertaking | ned by the undersigned duly authorized person. If this noting by the issuer to furnish to the U.S. Securities and Exchanges issuer to any non-accredited investor pursuant to paragraph | nge Commission, upon written request |
| Issuer (Print or Type) | Signature | Date |
| The Porter & Chester Institute, Inc. | nucey | 10-12-07 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | |
| Raymond R. Clark | President | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

